

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 - Restricted

N Non-elected
1 Interference
A Appeal
0 Objected

09 | 0913419

Claim	Date
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB/06)							Application Number 09/99349A	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	8		1				51	
2							52	
3				1			53	
4					1		54	
5						1	55	
6						1	56	
7						1	57	
8						1	58	
9						1	59	
10					1		60	
11						1	61	
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15						1	65	
16			1				66	
17							67	
18					1		68	
19						1	69	
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49							99	
50							100	
Total Indep			3				Total Indep	
Total Depend			27				Total Depend	
Total Claims			30				Total Claims	

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